



From Crisis

**to
Hope**

Maintaining the Momentum

**Idaho Council on Suicide Prevention
Report to Governor C.L. "Butch" Otter
December 2012**

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Idaho Council on Suicide Prevention

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Kathie Garrett Chair

December 2012

The Honorable C.L. "Butch" Otter
Governor of Idaho
P.O. Box 83720
Boise, ID 83720

The Idaho Council on Suicide Prevention (Council) would like to thank you for the opportunity to address the critical issue of death by suicide in Idaho.

Large numbers of Idahoans have lost their sense of belonging, hope, and see themselves as a burden to others -- and subsequently take their own lives. In 2010 (the most recent data available), Idaho's suicide rate was 6th in the Nation, 49 percent higher than the national average. A total of 1,352 Idahoans have died by suicide in the past five years.

We are pleased to report that momentum for suicide prevention mounted in 2012. Two key examples are development of the Idaho Suicide Prevention Plan and launch of the new Idaho Suicide Prevention Hotline. Much of the success was due to the many dedicated partners that came together in 2012

The Idaho Suicide Prevention Plan, published in 2011, serves as an Action Guide designed to lead state, regional and local efforts to meet the unique local needs. Progress on each of the 10 goals is provided later in this report. At the back of the report you will find summary reports from many of our partners that demonstrate the work that has been accomplished in the past year.

Again, we are pleased to note that there is growing momentum in our Idaho communities to undertake suicide awareness and prevention activities. In accordance with the Governor's Executive Order, the Council works to provide leadership and bring various groups together to mutually plan programs and activities

It is the hope of the Council that Idaho can maintain this momentum to create in communities across Idaho effective suicide prevention activities that will lead to a reduction of lives lost to suicide.

The Council is proud to be a part of Idaho's effort to address this critical issue. We hope that this report provides you with some valuable information. On behalf of the Idaho Council on Suicide Prevention, we present this report for your consideration.

Sincerely,



Kathie Garrett, Chair

Idaho Council on Suicide Prevention

II. The Governor shall appoint all members of the Council. The Council shall include representatives from:

- A. a representative from the Office of the Governor
- B. representatives from the Idaho State Legislature
- C. a representative from the Department of Health and Welfare
- D. a representative from the Department of Education or School Districts
- E. a representative from juvenile justice
- F. a representative adult corrections
- G. a representative from SPAN Idaho
- H. a mental health professional
- I. a representative for The National Alliance for the Mentally Ill or other mental health advocacy group
- J. Suicide survivors
- K. a representative from the Idaho Tribes
- L. a youth representative
- M. a representative from the Commission on Aging or aging services
- N. a military member, veteran or a representative from Veterans Affairs
- O. other members actively engaged in suicide prevention and awareness activities.

III. Council members shall:

- A. Serve for a term of three (3) years.
- B. The Governor shall appoint the Chair of the Council.
- C. The Council shall meet in person annually.
- D. The Council shall not exceed eighteen (18) members.



IN WITNESS WHEREOF, I have hereunto set my hand and caused to be affixed the Great Seal of the State of Idaho at the Capitol in Boise on this 27th day of September in the year of our Lord two thousand and ten and of the Independence of the United States of America the two hundred thirty-fifth and of the Statehood of Idaho the one hundred twentieth.

A handwritten signature in black ink, reading "C.L. 'Butch' Otter".

C.L. "BUTCH" OTTER
GOVERNOR

A handwritten signature in black ink, reading "Ben Ysursa".

BEN YSURSA
SECRETARY OF STATE



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

Suicide in Idaho: Fact Sheet October 2012

- Suicide is the 2nd leading cause of death for Idahoans age 15-34 and for males age 10-14. (The leading cause of death is accidents.)
- Idaho is consistently among the states with the highest suicide rates. **In 2010 (the most recent year available) Idaho had the 6th highest suicide rate, 49% higher than the national average.**
- In 2011, 284 people completed suicide in Idaho; a slight decrease from 2010.
- Between 2007 and 2011, 80% of Idaho suicides were by men.
- In 2011, 59% of Idaho suicides involved a firearm. The national average is 51%.
- 15.4% (1 in 7) of Idaho youth attending traditional high schools reported seriously considering suicide in 2011. 6.3% (1 in 14) reported making at least one attempt.
- Between 2007 and 2011, 78 Idaho school children (age 18 and under) died by suicide.
- It is estimated that suicide attempts in Idaho result in \$36 million in costs annually. Idaho's costs for suicide completions annually is over \$850,000 in medical care alone, and \$343 million in total lifetime productivity lost.
- In 2010, there were 38,400 deaths by suicide in the U.S., an average of 1 person every 15 minutes.

Idaho Resident Suicides by Region – 2011

Region	Anchor City	Suicides	Rate (per 100,000)	Population	Tot. # suicides	
					2007-2011	5-yr Avg Rate
1	Coeur d'Alene	45	21.0-	212,393	233	22.0
2	Lewiston	21	19.8*	105,358	88	16.9
3	Nampa	51	19.9*	253,965	192	15.3
4	Boise	67	15.1	436,293	328	15.2
5	Twin Falls	34	18.2-	185,790	176	19.5
6	Pocatello	28	16.7-	166,284	150	18.3
7	Idaho Falls	38	18.2-	207,499	185	18.3

* increase from 2010, - decrease from 2010

Idaho Suicides by Age/Gender 2007-11

Over 5 year period

Age	Total	Male	Rate	Female	Rate
10-14	12	9	3.1-	3	1.1
15-19	94	78	27.0*	16	5.7
20-24	104	90	31.9*	14	5.4
25-34	174	134	24.8	40	7.8
35-44	248	181	37.1*	67	14.2*
45-54	284	221	42.9*	63	12.1
55-64	227	182	42.2*	45	10.3
65-74	98	85	33.6-	13	4.9*
75-84	71	69	51.7-	2	1.2-
85+	40	34	74.6*	6	7.4*

Method 2007-11

(all ages)

Firearm	60.7%
Poisoning	17.7%
Suffocation	17.1%
Cut/Pierce	.9%
Fall	1.3%
Other	2.4%

Idaho Suicide Rates 1999-2011

Year	Number	ID Rate	US Rate
1999	180	14.4	10.7
2000	166	12.8	10.7
2001	213	16.1	10.7
2002	203	15.1	11.0
2003	218	16.0	10.8
2004	239	17.2	10.8
2005	225	15.7	10.7
2006	218	14.9	11.1
2007	220	14.7	11.5
2008	251	16.5	11.8
2009	307	19.9	12.0
2010	290	18.5	12.4
2011	284	17.9	n/a

Idaho Youth Risk Behavior Survey 2011 – High School Students

<u>Grade</u>	<u>Depressed</u>	<u>Suicidal</u>	<u>Plan</u>	<u>Attempt</u>	<u>Medical Care For Attempt</u>
9 th	28.3%*	18.1%*	12.7%*	9.2%*	2.2%*
10 th	25.9-	15.2-	13.5-	6.8-	2.7
11 th	29.4-	14.0*	10.4-	5.2	.9-
12 th	24.9-	13.6*	13.2*	4.2-	1.1-
Idaho Overall	27.3-	15.4*	13.2	6.3-	1.9

* increase from 2009, - decrease from 2009

Idaho Suicide Rate by County

5-year total number and 5-year average annual rate 2007-2011

(resident suicides per 100,000 people)

<u>County</u>	<u>Number</u>	<u>Rate</u>	<u>County</u>	<u>Number</u>	<u>Rate</u>
Ada	289	15.0	Gem	13	15.7
Adams	3	16.2	Gooding	12	16.2
Bannock	86	21.0	Idaho	15	19.0
Bear Lake	5	17.0	Jefferson	23	18.6
Benewah	9	19.4	Jerome	23	21.5
Bingham	33	14.8	Kootenai	139	20.1
Blaine	21	19.4	Latah	22	11.9
Boise	8	21.9	Lemhi	16	40.7
Bonner	50	24.4	Lewis	2	10.8
Bonneville	99	19.5	Lincoln	7	29.1
Boundary	16	29.3	Madison	8	4.3
Butte	4	28.6	Minidoka	15	15.5
Camas	3	53.8	Nez Perce	41	20.9
Canyon	145	15.6	Oneida	4	19.1
Caribou	8	23.3	Owyhee	7	12.5
Cassia	14	12.7	Payette	17	14.9
Clark	3	63.8	Power	4	10.3
Clearwater	8	19.1	Shoshone	19	29.8
Custer*	9	42.1	Teton	14	29.9
Elmore	23	16.4	Twin Falls	81	21.4
Franklin	10	15.9	Valley	8	17.4
Fremont	9	14.0	Washington	7	13.8
			Idaho (total)	1,352	17.5 (5-year average)

Note: Rates for many counties are based on fewer than 20 deaths. Caution is advised when interpreting rates based on small numbers.

Sources: Idaho Bureau of Vital Records and Health Statistics, Idaho Department Health and Welfare

Center for Disease Control and Prevention

Idaho Suicide Prevention Hotline Report, Idaho State University, Institute of Rural Health, 2010

YRBS Idaho, 2011

Compiled by Kim Kane, Former Executive Director, SPAN Idaho & Jeni Griffin, Executive Director, SPAN Idaho

Special Thanks to Andy Bourne, Senior Research Analyst, Bureau of Vital Records and Health Statistics

Maintaining Momentum

Overview and Recommendations

Large numbers of Idahoans have lost their sense of belonging, hope, and see themselves as a burden to others -- and subsequently take their own lives. In 2010 (the most recent data available), Idaho's suicide rate ranked 6th in the Nation, 49 percent higher than the national average. A total of 1,352 Idahoans have died by suicide in the past five years.

The tragedy of these deaths is that suicide is preventable if warning signs are identified early and individuals are encouraged to seek mental health care. This report discusses education, community involvement, access to care and crisis response as critical to suicide prevention, intervention and treatment, and activities to prevent additional deaths after a suicide occurs in a community.

Momentum for suicide prevention mounted in 2012. Two key examples are development of the Idaho Suicide Prevention Plan and creation of the new Idaho Suicide Prevention Hotline.

Multiple dedicated partners came together in 2012 and an Idaho Suicide Prevention Hotline was funded and launched. Partners joined forces for a public-private partnership for re-opening the hotline, which closed in 2006 due, in large part, to a lack of funds. Challenges for the coming year include boosting Hotline hours to 24/7, 365 days per year and gaining full membership in the National Suicide Prevention Lifeline to ensure backup phone coverage by fellow crisis centers across the Nation if Idaho workers are busy and not able to take a call. The Hotline will be operated with well-trained crisis workers responsive to the unique needs of Idahoans. Continuing, stable future funding still is needed.

The Idaho Council on Suicide Prevention (Council) continues to aggressively distribute the Idaho Suicide Prevention Plan and coordinate with communities to initiate evidence-based and culturally appropriate local projects. The Plan, published in 2011, serves as an Action Guide designed to lead state, regional and local efforts to meet the unique local needs. Progress on each of the 10 goals is provided later in this report.

Suicide is a public health crisis that can be prevented through coordinated and dedicated leadership. In accordance with the Governor's Executive Order, the Council works to provide that leadership and bring various groups together to mutually plan programs and activities. The Council is made up of volunteers whose time is donated to prevent suicide. As a result, Idaho's suicide prevention activities can sometimes be fragmented. As in previous reports, the Council urges designation of a lead state agency to coordinate suicide prevention in Idaho.

Many changes in the public mental health system under way present challenges and opportunities for suicide prevention. A new Medicaid Behavioral Health Plan, designed to manage care for mental health and substance use treatment services, can be a barrier or facilitator of services and supports. The Council remains committed to maintaining positive momentum toward effective suicide prevention and access to mental health care. Working together, Idahoans can effectively address suicide in our state and make a difference in the future.

Goal 3: Gatekeeper Education

The education of professionals and others working with people at risk for suicide includes effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

What Has Been Done: Idaho State University's Institute of Rural Health (ISU-IRH) continued its nationally recognized Better Today's/Better Tomorrow's adult gatekeeper education program, with 451 trained in 2012, including foster grandparents, juvenile justice personnel, school staff and first responders. The U.S. Veterans Affairs-Boise also trained first responders in basic suicide risk assessment as well as housing officials, SPAN chapter members and rehabilitation professionals. SPAN-Idaho's Statewide Conference in 2012 provided national speakers on suicide risk to professionals and community members. Evidence-based Crisis Intervention Training for law enforcement continues across the state.

Maintaining Momentum: Gatekeeper education will continue although at a reduced level due to the unavailability of federal funding for the ISU-IRH Better Today's program. Gatekeeper training for Area Agency on Aging peer and lay leaders conducted in 2012 may not continue due to loss of federal funds. SPAN-Idaho volunteers, trained as Question, Persuade, Refer (QPR) instructors through ISU-IRH in 2009-2012, indicate they will continue, as will work by others with law enforcement, the VA and the Idaho National Guard. It is important that Idaho continues to recognize the diversity of gatekeepers, who come from multiple professional disciplines and diverse cultural backgrounds, and tailor suicide prevention education to meet each group's needs. Idaho would benefit from researching current data and/or completing a comprehensive assessment to determine where efforts in gatekeeper education need to be focused in the future.

Goal 4: Behavioral Health Professional Readiness

Mental Health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

What Has Been Done: SPAN North Idaho held a suicide risk assessment training for 45 professionals and SPAN Southeast Idaho received a grant for an innovative effort to offer such trainings in 2013 and measure outcomes of the courses. An ISU-IRH basic suicide risk assessment webinar featuring the suicide prevention coordinator at the VA attracted 82 individuals, all of whom received continuing education credits toward their licensure. In September 2012, ISU nursing students at the Meridian Health Science Center continue to receive a course taught by the Institute of Rural Health in suicide prevention before graduation. SPAN Idaho conducted a statewide conference, which provided training on suicide risk assessment and intervention for behavioral health professionals. Doctors, nurses and mental health professionals attended. SPAN Idaho also offered a session at the Idaho School Counselors Association in October 2012.

Maintaining Momentum: Future efforts need to focus on the development of a strategic approach for identifying and meeting the needs of behavioral health professionals in the utilization of evidence based methods for assessment and treatment of individuals at risk for suicide. Region 6

is using one such approach where a needs assessment of clinicians in the region was conducted, training needs were identified and funding for training was obtained. An evaluation program is being developed to measure utilization of skills in practice and treatment outcomes.

Goal 5: Community Involvement

Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

What Has Been Done: Efforts are under way in many communities and within many organizations to create suicide prevention projects suited to their cultures based on the goals of the Idaho Suicide Prevention Plan. SPAN Idaho continues to provide training, conferences and other activities to build important connections within and among communities. Idaho State University's Institute of Rural Health sponsored a webinar by the Chair of the Council on creating effective advocacy plans and partnered with the Idaho Federation of Families for Children's Mental Health to promote advocacy webinars to parents. Presentations have been provided by a variety of stakeholders to Hispanic, Native American, refugee, Lesbian, Gay, Bisexual and Transgender (LGBT) residents as well as to gatekeepers in rural and frontier areas.

Maintaining Momentum: Building community connections is a priority to foster connectedness, resource-sharing, dialog and meaningful involvement—where saving lives becomes not just a concern, but an obtainable result. Toward this end, the Council and other stakeholders will continue working with local leaders and community members to implement the State Plan and foster suicide prevention efforts in their areas. Momentum behind the Idaho Hotline can be used to encourage wider involvement in suicide prevention efforts. Broad dissemination of the most current information and best practices in suicide prevention, intervention and postvention should continue. Maintenance and expansion of efforts to involve Hispanic, Native American, LGBT, rural and frontier, and other culturally unique people are needed.

Goal 6: Access to Care

Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible and valued by communities.

What Has Been Done: Since 2008, Idaho's public mental health system has suffered from significant budget cuts. Division of Behavioral Health service funding dropped 22 percent from 2008 through 2010 along with additional cuts to the Medicaid program. At the same time, Idaho's suicide rate was ranked 6th in the Nation in 2010. Idaho has seen increased need for law enforcement involvement, use of jails, emergency rooms, involuntary commitments and psychiatric hospitalizations. However, community groups, law enforcement and strong media coverage have all come together to highlight the need of a suicide crisis hotline, other suicide prevention activities and the need for more behavioral health services. For example, NAMI Idaho and law enforcement have implemented Crisis Intervention Training (CIT) for law enforcement officers and deputies statewide. Also, the Veterans Network of Ada County was

Maintaining Momentum: Moving forward, the Council will need to continue its commitment and support for the hotline. Continued efforts are needed to disseminate the Plan and to encourage communities to adopt suicide awareness and prevention activities that are culturally appropriate. The Council will continue to highlight the need to identify a lead State governmental agency, which would be responsible to coordinate Idaho's suicide prevention and intervention initiatives, along with adequate funding for those efforts.

Goal 10: Data

Data are available on which to make decisions regarding suicide prevention services.

What Has Been Done: Data are useful to help make decisions, whether it is establishing baseline and surveillance information, reviewing trends, establishing performance criteria, or evaluation efforts. With regard to surveillance data, SPAN Idaho released its annual "*Suicide in Idaho: Fact Sheet, October 2012*" which summarized national and Idaho-specific suicide death data for adults based on the Idaho Department of Health and Welfare Behavioral Risk Factor Surveillance Survey (BRFSS), the Idaho Suicide Prevention Hotline Report, and the Centers for Disease Control and Prevention data on suicide. High school aged youth data in the fact sheet come from the Idaho Youth Risk Behavior Survey (YRBS). The Idaho Department of Health and Welfare collected adult suicide attempt data in 2011 that were not available at the time the SPAN Idaho fact sheet was created.

Community-level data and evaluation data are also important to collect and review to ensure cost effectiveness and progress toward outcomes of interventions. Among the 2012 efforts are the Idaho Suicide Prevention Hotline with performance measures to be collected, and Idaho State University's Institute of Rural Health (ISU-IRH) two research projects and informational posters. The first poster described the outcomes of their "*Better Today's. Better Tomorrow's. Gatekeeper Training Curriculum: Examining Quality, Post-Course Knowledge, Knowing Youth in Need of Mental Health Care and Knowing Youth Who Have Attempted or Completed Suicide.*" This poster provided thorough information about gatekeepers who have been trained and how ISU-IRH effectively measured the quality of its training. The second poster titled, "*Analysis of Training, Policy, Operations, Finance and Economic Aspects of Suicide and Suicide Prevention Hotlines in the US,*" explains the economic impacts of suicide and suicide prevention hotlines.

Maintaining Momentum: Moving forward, continued efforts are needed to collect data for evaluating the effectiveness of programming, making more informed decisions, and better understanding suicide issues in Idaho. The Idaho Suicide Prevention Plan lists evaluation recommendations under each goal as "Ideas for How We Measure Our Success." The Idaho Suicide Prevention Council needs to establish a group to refine suicide-related data to be gathered and develop a central repository. Individuals and organizations implementing the Plan need to be encouraged to collect and report these data to make programmatic decisions and support a central repository to assist others addressing suicide in Idaho.

Partner Reports

What We Have Accomplished



SUICIDE PREVENTION ACTION NETWORK OF IDAHO

ACTIVITIES AND ACCOMPLISHMENTS October 2012

Overview

SPAN Idaho is a suicide prevention organization founded in 2002 as a 501 (c) (3) nonprofit organization. Our mission is to provide leadership for suicide prevention in Idaho. At the state level, SPAN Idaho comprises a volunteer board of directors and two part-time staff, with established chapters in each of the seven Idaho Department of Health and Welfare (IDHW) regions to carry out statewide suicide prevention awareness activities and to respond at a community level. From its beginning, SPAN Idaho as a grassroots organization has encouraged and recognized the importance of regional and local involvement to prevent suicide. With the help of our chapters and other organizations, SPAN works to eradicate suicide in the state of Idaho.

New and On-going Activities

- Initiating work with Idaho Farm Bureau to write prevention articles for its publications and to pilot a project in the Magic Valley, aimed at educating the area's people on the warning signs and risk behaviors of suicidal people and directing them to appropriate resources.
- Maintain a highly informative and well-regarded website.
- Fulfill requests for information and resources on-line and on the phone to include highly sensitive calls.
- Act as a conduit for suicide prevention information locally, statewide, and nationally and engage and collaborate with other groups, including the Veteran's Administration, 211 Care Line, the Commission on Aging, RADAR, SDE, IDHW and others. Nationally, SPAN Idaho engages with the major suicide prevention groups, participates in conferences and webinars, and writes articles, to exchange best practice information, data and ideas.
- Provide information packets to suicide survivors to support the grieving and healing process.
- Offer suicide survivor support groups regionally.
- Distribute materials to the general public at community events.
- Offer QPR training to groups upon request.
- Provide information and guidance to high school and college students for their projects.

- Work with the ICSP to carry out activities.
- Continually review suicide prevention research and best practices to develop programs and distribute relevant information statewide on a regular basis.
- In partnership with the State Department of Education (SDE) and Idaho State University's Institute of Rural Health, identified and trained professionals in postvention protocols to become Regional School Suicide Postvention Teams that assist schools in responding to suicide deaths.
- Provide information and technical assistance including establishing and maintaining a highly evolved list of target audience sub-groups.

Training and Awareness

SPAN Idaho and its chapters consistently provide or co-host a variety of community activities to educate the public about suicide and suicide prevention. For instance, we

- Offer training for clinicians, survivors, police/sheriff departments, and anyone interested in suicide prevention. As of September 2012, SPAN Idaho's annual statewide conferences the last eleven years have trained approximately 2,300 participants in suicide prevention skills. Most of these conferences hosted nationally recognized experts.
- Developed and conducted presentations and trainings on suicide and suicide prevention for the Idaho Department of Labor, Idaho Coroners Association Conference, Idaho Criminal Justice Commission, IDHW Children's Mental Health, Idaho Juvenile Justice, Idaho National Guard, parent groups, clergy, community groups and others.
- Hold annual Save-the-One Memorial Walks to raise awareness and support survivors.
- Provide materials at community events and gatherings to share suicide warning signs and other prevention measures.
- Testify before and inform legislators on issues related to suicide prevention, such as bullying, for legislation.

Recently Completed Projects

- Assisted the ICSP in the progress to establish a suicide hotline in Idaho.
- Developed a resource list and continues to update the list for the soon-to-be launched hotline, to include resources and services for all communities of Idaho, including our rural areas.
- Assisted with the creation and distribution of the newly-revised Idaho Suicide Prevention Plan as member of the ICSP Executive Committee and statewide stakeholder.
- Compiled and distributed, in partnership with Idaho Funeral Services Association (IFSA), kits for funeral directors which contain best practice guidelines related to suicide death and suicide survivor packets for them to give to families and friends of a suicide victim to aid the grief process.
- Compiled and distributed suicide survivor packets for families and friends of a suicide victim to aid the grief process, in partnership with the Idaho State Association of County Coroners (ISACC).

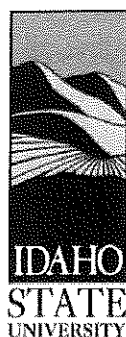
- Prepared and subsequently updated SPAN Suicide Prevention Tool Kit including a resource guide, guide to best practices, warning signs, and anti-stigma page, among many other elements, available at our website.

In addition to the above statewide initiatives, our Chapters have conducted many projects on their own, including providing suicide prevention messages on radio, television, and billboards; joining other agencies to discuss and respond to area suicides; training area school staffs and law enforcement and others in suicide prevention; and meeting monthly to plan and promote suicide prevention activities.

Anticipated Future Activities

- To foster the Idaho suicide hotline project.
- To develop, implement and evaluate a pilot project aimed at identifying, intervening with and referring students at risk for suicide.
- To publish and distribute a statewide newsletter, tailored to communities, to promote suicide prevention awareness and activities.
- To increase suicide awareness activities on college campuses.
- To create suicide prevention posters with the easily removable Lifeline phone number tabs for a variety of community places, including schools, churches, coffee shops, restaurants, and bars.
- To continue training specific groups in suicide prevention and survivor support including target groups such as first responders, clergy, mental health providers, school personnel, aging services staff, corrections personnel, parents and others.
- To encourage growth in regional chapters.

For more information go to spanidaho.org



INSTITUTE OF
RURAL HEALTH

Accomplishments for Suicide Prevention

Idaho State University

Institute of Rural Health

2012 Annual Report Summary

Since 2006, Idaho State University-Institute of Rural Health has collaborated with suicide prevention and mental health advocates statewide to increase knowledge to identify suicide risk factors, warning signs of mental illness and encourage treatment seeking for youth ages 10-24. Consistent with national priorities, the overall purpose was to work to reduce the rates of suicide for Idaho youth, regardless of race or culture. The project was funded through the Garrett Lee Smith Memorial Act (GLSMA) grant administered by the Substance Abuse and Mental Health Services Administration (SAMHSA), which defines the scope of similar projects in all 50 states. Idaho's GLS grant expired September 30, 2012. However, ISU-IRH continues serving as the National Institute of Mental Health's (NIMH) Outreach Partner for Idaho and some activities will continue under that grant.

The goals of the **Idaho Awareness to Action Youth Suicide Project** included supporting long-term infrastructure and sustainability for youth suicide prevention, conducting educational programs, collaborating with an array of stakeholders to carry out GLSMA and SAMHSA priorities, and improving suicide risk assessment by mental health professionals. The **NIMH Outreach Partners** grant focuses on dissemination of evidence-based programs on mental health, substance abuse and suicide prevention, as well as promoting NIMH research and conducting special projects on children's mental health and reducing health disparities.

Accomplishments

- Idaho Suicide Prevention Plan – ISU-IRH facilitated and funded development and printing of the Idaho Suicide Prevention Plan. ISU-IRH continues providing staff support to the Council on Suicide Prevention for implementation of the Plan and general Council activities.
- Gatekeeper Training -- The Better Today's/Better Tomorrows training educated 12,000 Idahoans since its inception in 2000. The goal of the training is to increase awareness of children's mental health and suicide issues and encourage treatment seeking by adults on behalf of the children and youth in their care. The Better Today's training has been recognized as an evidence-based practice by the RAND Corporation, the National Rural Mental Health Association, SAMHSA and other agencies. Surveys completed by participants indicate an increase in knowledge and referrals. Professionals trained in 2011-2012 included juvenile justice, law enforcement, school, mental health, physical health, Medicaid providers, advocates, survivors, parents and National Guard personnel. A webinar featuring NIMH researchers for clinicians on referring clients to research studies was held for 134 participants in October 2012.
- Idaho Suicide Prevention Hotline – In 2011-2012, AAYSP entered into partnerships with Mountain States Group (MSG) and SPAN Idaho to develop infrastructure for Idaho's new

Suicide Prevention Hotline. Under its funding agreement with AAYSP, MSG prepared policies, procedures, a training plan, job descriptions and a code of ethics for the Hotline, all of which were ready prior to the Hotline opening in November 2012. SPAN Idaho's project updated its resource toolkit, creating a referral database for the Hotline.

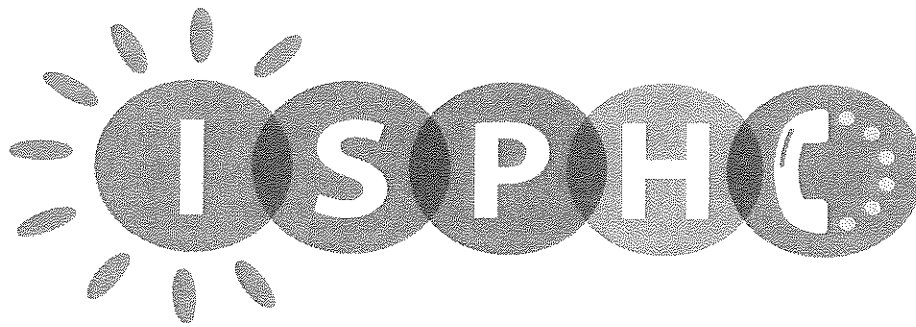
- Academies for Awareness to Action – The final three annual academies on social marketing, advocacy, and suicide risk assessment were offered in 2012. They featured the suicide prevention coordinator for the VA, the Chair of the Council on Suicide Prevention and a seminar on marketing the Idaho Hotline, taught by ISU-IRH staff at the SPAN Idaho September 2012 conference.
- Consultations -- ISU-IRH supported communities experiencing suicide clusters with consultation and training and efforts to reduce health disparities leading to suicide issues. In 2012, ISU-IRH provided support to SPAN North Idaho for a training for mental health clinicians.
- Train the Trainer -- A cadre of Question, Persuade, Refer (QPR) trainers were supported in a train-the-trainer program and presented the program to more than 727 people.
- SAMHSA Special Populations -- In ISU-IRH expanded its reach to special populations, including Native Americans, youth in the juvenile justice system, faculty and staff of school districts, parents of at-risk youth, foster grandparents and college-age LGBT individuals. Spanish-language materials and presentations on suicide among Hispanic youth were provided.
- National Appointments -- Project Director Ann Kirkwood currently serves on a National Suicide Prevention Lifeline subcommittee to represent Idaho and rural interests and the National Steering Committee of the Center to Address Discrimination and Stigma Associated with Mental Illness at SAMHSA.
- Idaho National Guard -- ISU-IRH also is collaborating with the Idaho National Guard resiliency efforts, serving on the Guard's Resiliency Work Group.

Publications

AAYSP staff members have published a variety of reports and other materials in 2011-2012 to support suicide prevention in Idaho. Publication names, authors and how to access them are listed below:

- Kirkwood AD, Stamm BH, Hudnall AC, Piland N, Blampied SI (2010) Idaho Suicide Prevention Hotline: Options for Decision Making. Idaho State University at www.isu.edu/irh/publications.
- Kirkwood AD, Stamm BH & Story, CR (2012). Eradicating Mental Illness Stigma for Active Military Personnel and Veterans. In T. W. Miller, (Ed). *Veterans Health Reference Book*. New York: Prager Press.
- Kirkwood AD, Stamm BH (2012). Establishing the Evidence Base for Better Today's. Better Tomorrows. For Better Mental Health. Gatekeeper Training Curriculum Using Data from 11,000 People Over 12 Years. Idaho State University at www.isu.edu/irh/publications.

For more information, contact: NIMH and AAYSP Director Ann Kirkwood at Idaho State University-Institute of Rural Health, kirkann@isu.edu.



Idaho
Suicide
Prevention
Hotline

Accomplishments and Activities December 2012

The Idaho Suicide Prevention Hotline is committed to the prevention of suicide in Idaho. The Hotline is a part of Mountain States Group, a 501 (c) (3) non-profit organization. The Hotline provides emotional support, risk assessment, crisis intervention, linkages to local services, and follow-up for persons with potential suicide risk factors. The Hotline, launched November 26, 2012, is taking calls from throughout the state and continues to make steady progress with its implementation plan. Below is a summary of the main accomplishments and activities that occurred through December 2012:

Staff

Mountain States Group hired John Reusser, LCSW, as Hotline Director in July 2012, and he assumed full-time hours at the end of August. John brings a depth of experience in suicide crisis line operation, volunteer management, crisis training, and crisis intervention service systems. John became a member of the Idaho Council on Suicide Prevention in October 2012. In mid-August, Mountain States Group added Sydney Young as half-time Hotline Volunteer Coordinator. Sydney is working on a Master of Counseling degree, and has extensive experience with managing volunteers and organizing program events. The Hotline Director has also secured the assistance of a master's level practicum student to help prepare additional volunteer training curricula. In September, both John and Sydney were first invited to attend a two-day ASIST training (Applied Suicide Intervention Training) offered by the Idaho National Guard. This was followed by a 5-day "LivingWorks Inc." training that prepared them to become qualified ASIST Trainers. Evidence-based ASIST is a core part of preparing volunteers to competently respond to Hotline callers.

Volunteer Recruitment and Training

Hotline staff received numerous inquiries from persons interested in Hotline volunteerism. This has been the result of media coverage, partner promotion, and staff outreach. Hotline staff invited these individuals to attend one of the numerous evening and weekend Hotline introductory sessions held for potential volunteers. Staff requested that interested individuals complete a volunteer application, review the benefits and responsibilities of being a Hotline responder, attend a Hotline introduction session, and complete a criminal background check. Twenty-six qualified individuals began an intensive October 17-19 Hotline volunteer responder training, with 18 completing. Additional volunteer skill building will be provided on an ongoing basis.

Facilities

The Idaho Suicide Prevention Hotline originally planned to locate at Gowen Field offices generously donated by the Idaho National Guard. As these offices proved to lack adequate space, Mountain States Group then sent out a request to the community seeking low/no cost Hotline facility possibilities. United Way of the Treasure Valley, the Idaho Division of Veterans Services, and other partners were invaluable in disseminating our request to a broad base of organizations. After receiving and reviewing over six generous facility offers, the Hotline found an incredibly suitable operational home. Our sincere thanks go to Jay Lugo, Executive Director of the Idaho Lions Sight and Hearing Foundation. The 2,200 square feet of space offered rent free provide for a large telephone room, staff offices, a conference room, and storage – with room for program growth.¹

Hotline Data Capacity

An essential part of Hotline services is a statewide database of programs and resources to which we can refer callers. The Suicide Prevention Action Network of Idaho (SPAN-Idaho), with funding from the Idaho State University-Institute of Rural Health, managed the responsibility of creating this database in coordination with other organizations. The resource and referral information has been loaded onto the Hotline's *icarol* crisis line software and has worked very well with test caller scenarios but this has been a back and forth process between the 211, *icarol* and Hotline staffs. The *icarol* software allows the Hotline to track caller/call data, provide coaching resources for volunteers (to supplement staff coaching, manage the scheduling of volunteer shifts, and share institutional learning among staff and volunteers across disparate shifts.

Marketing and Outreach

Outreach to date has focused primarily on volunteer recruitment in the Treasure Valley area. The Hotline Director has been part of media appearances and community presentations. The Volunteer Coordinator has reached out to over 20 organizations representing diverse groups as well as college student organizations, volunteer recruitment programs, and mental health professional associations. The Hotline has a very popular and active Facebook page and website, and is looking forward to further use of social media marketing. As the Hotline continues operations, the Director is committed to engage organizations and reach individuals statewide on the Idaho Suicide Prevention Hotline. To guide this effort, with assistance from several marketing professionals, the Hotline has prepared a comprehensive plan to reach diverse populations throughout Idaho through broadcast, print, and online media.

Plans for the Next Quarter 2013

The Hotline launched on November 26, 2012 with a press event at the state Capitol. As it gets on its feet, the Hotline will initially be staffed from 9 a.m. to 5 p.m., Monday through Thursday, with the addition of Friday in about three months as more volunteers are trained. We will incrementally expand the hours to 24 hours per day/7 days per week. Now that the Hotline has launched, we will focus on statewide marketing and data collection, as well as our ongoing volunteer program of recruitment, skill building, and support. Formal Hotline Advisory and Fundraising committees will also be formed.

¹ Due to the nature of the Idaho Suicide Prevention Hotline's services, its physical address will not be made public.

Special thanks goes out to our funders and partners, with whom this vital program would not have been possible: A technical work group made up of representatives from the Idaho Council on Suicide Prevention, SPAN-Idaho, Idaho National Guard, Veterans Affairs Boise, Idaho Department of Health and Welfare and Idaho State University-Institute of Rural Health worked throughout 2011 and 2012 to create policies, procedures and job descriptions for hotline staff and volunteers. Funders and partners include the Idaho Legislature, Idaho Division of Veteran's Services, Idaho State University-Institute of Rural Health, United Way of Treasure Valley, United Way of Kootenai County, United Way of Southeast Idaho, Idaho Department of Health and Welfare, The Speedy Foundation, Citi Card, Saint Alphonsus Regional Medical Center, SPAN Idaho and its chapters, the Idaho Council on Suicide Prevention, Veterans Affairs Boise, Idaho National Guard, Wells Fargo, Rizen Creative, Saint Luke's Regional Medical Center, Senior Solutions, Home Instead Senior Care, Idaho Academy for Lawyers in Leadership, Idaho Emergency Medical Services Bureau, Ada County EMS, Meridian and Boise police departments, City of Boise, Office Environment Co., Bank of the Cascades, and numerous other donors and supporters providing generous offers of in-kind donations of prospective Hotline spaces, their valuable time, and material assistance.

United States Department of Veterans Affairs

Boise Veterans Affairs Medical Center

Suicide Prevention Program

The Veterans Affairs' basic strategy for suicide prevention is to provide ready access to high quality mental health (and other health care) services supplemented by programs designed to help individuals and families engage in care and to address suicide prevention in high risk patients. Some of the initiatives that have proven to be very effective in our efforts include:

- 24/7 Veterans Crisis Line. Veterans call the Veterans Crisis Line number 1-800-273- TALK and then "push 1" to reach a trained VA professional who can deal with any immediate crisis. This year the hotline name was changed from "Veterans Suicide Hotline" to the "Veterans Crisis Line" to encourage those in crisis, however, not yet suicidal to reach out for help. By August 2012, more than 650,000 Veterans and Veteran's family and friends have called the hotline with over 23,000 rescues of actively suicidal Veterans.
- Each VA medical center has a Suicide Prevention Coordinator or team. The coordinators ensure that the Veteran receives the appropriate services. Calls from the Hotline are referred to the coordinators, who follow up with Veterans and coordinate care. In the last 12 months 167 Idaho Veterans were connected to the Suicide Prevention Coordinator and have been connected with VA Services.
- Screening and assessment processes have been set up throughout the system to assist in the identification of Veterans at risk for suicide. A chart "flagging" system has been developed to assure continuity of care and provide awareness among providers. Veterans who have been identified as being at high risk receive an enhanced level of care, including missed appointment follow-ups, safety planning, weekly follow-up visits and care plans that directly address their suicidality. In the last 12 months 127 Idaho Veterans have been identified as High Risk for Suicide with zero Veteran suicides.
- Suicide Prevention Coordinators provide community outreach that includes education on Veterans mental health issues as well as suicide prevention and intervention. Idaho Suicide Prevention efforts included:
 - Boise VA Suicide Prevention Coordinator and other Behavioral Health Staff participated in 110 community outreach activities, including 47 presentations on suicide prevention, working with suicidal veterans, and basic suicide risk assessment.

- A marketing outreach program was also conducted during the fall of 2011 which included contacting and providing information on the Veterans Crisis Line to:
 - 45 Veterans Service Organizations
 - 19 Health Care Organizations
 - 14 Government Agencies
 - 116 Corporations
 - 8 Colleges
- Outreach Highlights
 - Governor Otter's Proclamation for Suicide Prevention Week
 - President of Idaho Chiefs of Police Association – Mike Masterson, distributing 6,000 Veterans Crisis Line wallet cards to police throughout the state of Idaho.
 - Obtained names of State Liquor Licenses holders and placed calls and sent Veterans Crisis Line materials.
 - Sent Suicide Prevention materials and Veterans Crisis Line materials to 150 churches in rural Idaho communities.
- Idaho has one primary Veterans Affairs Medical Center located in Boise, and Community Based Outreach Clinics (CBOC) in Caldwell, Coeur d'Alene, Lewiston, Mountain Home, Pocatello, Salmon, and Twin Falls.

Idaho National Guard Resilience and Suicide Prevention:

IDARNG is working to create multilayer resilience and suicide prevention programs that reach Service Members, families and communities. It is our goal to create a suicide safe community in which help seeking behavior is encouraged. We are working to focus on developing the resilience of our Service Members and families. We have a multidimensional approach in which we have developed a foundation of services that are supported through curriculum such as resilience programs, peer to peer programs, family readiness groups and crisis response education. IDARNG believes in taking care of our Service Members and their families. We understand that our Service Members are citizen warriors and that through strong community partnerships we will be able to obtain our goals.

Goal 1: Public Awareness Idahoans understand that suicide is preventable and accept responsibility for their role in suicide prevention.

- Awareness campaign with providers.
- Yellow Ribbon: Pre-Mobilization, Sustainment Events and Post Mobilization.
- Psychoeducational workshops for Access to Recovery providers.
- Youth Events/Month of the Military Child.
- Family Days
- Family Readiness Groups
- Partnered with community organizations/ Resilience Council

Goal 2: Anti-Stigma Idahoans understand and accept that seeking help for mental health issues is to be encouraged and supported.

- Warrior-to-Warrior Program.
- Command emphasis on Anti-Stigma Policy
- Resilience Training (MRT).

Goal 3: Gatekeeper Education The education of professionals and others working with people at risk for suicide includes effective suicide prevention curricula and ongoing gatekeeper and other suicide prevention training.

- ISU Rural Health training with all of IDARNG Family Programs Office.
- ASIST training with Gatekeepers, First Line Leaders.
- QPR with Family Readiness Groups.

Goal 4: Behavioral Health Professional Readiness Mental health and substance abuse treatment professionals are trained to use current, appropriate, and recommended practices for assessing and treating individuals who show signs of suicide risk.

- National Conference attendance specialized training attendance, regional training events.
- MFLCs and DPH work in community capacity building to engage and educate other professionals.
- Army One Source web trainings.

Goal 5: Community Involvement Community leaders and stakeholders develop and implement suicide prevention activities that are current, recommended and culturally appropriate that are specific to their regions and communities.

- Involvement with community organizations.
- Ongoing development of activities related to Suicide Prevention Month and state policy.

Goal 6: Access to Care Crisis intervention and behavioral health services, including mental health and substance abuse treatment, are widely available, culturally appropriate, accessible, and valued by communities.

- Family Assistance Coordinators in 7 regions/VA/Vet Center/ Tricare /Access to Recovery/Director of Psychological Health /Military Family Life Consultants/Military One Source/Chaplains.

*Lack of services for Soldiers who do not carry insurance and who are not VA eligible

Goal 7: Survivor Support Information and services are in place in all regions of Idaho to support survivors and others affected by suicide in a sensitive and culturally appropriate manner.

- Survivor Outreach Services (SOS).
- Casualty Assistance Officers.
- Chaplains.
- DPH & MFLC Services.

Goal 8: Suicide Prevention Hotline An Idaho statewide suicide prevention hotline is established and funded.

- IDARNG sponsored facilities for headquarters.
- Provide support for some ASIST trainings.

Goal 9: Leadership The Idaho Council on Suicide Prevention oversees suicide prevention activities at all levels, as guided by the Idaho Suicide Prevention Plan, and works in collaboration with a lead Idaho state government agency that is responsible for Idaho's suicide prevention and intervention efforts.

- Over the last 1-½ years, the Command Group has placed considerable emphasis on the development of programs and policy.

Goal 10: Data Data are available on which to make decisions regarding suicide prevention services.

- Gathering DPH and MFLC data on contacts, crises, prevention activities.
- Monitoring national data.
- Maintaining data on state numbers trained in ASIST, MRT, QPR, etc.

YOUTH SUICIDE PREVENTION AND EDUCATION RURAL OUTREACH PROGRAM

**A collaborative effort between the Idaho Rural Health Association, The Jason Foundation
and the Family Medicine Residency of Idaho.**

Report October 2012

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Introduction

This innovative program format developed here in Idaho provides rural communities with information addressing youth suicide awareness and prevention education through a PowerPoint presentation followed by a facilitated discussion with a local leadership panel. This program is geared towards educating adults and is offered at no cost to the community. Educational materials are provided via the Jason Foundation and continuing education credits are available for attendees. Local multimedia including both radio and newspaper is generally engaged to assist with advertising.

Content

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|---------------------|---|
| 1. Awareness | 4. Where to go for help (state and local options) |
| 2. Signs of Concern | 5. Resources (state and local options) |
| 3. Risk Factors | |

Communities

November 3, 2011

Suicide Prevention Volunteers: 'There is Hope' Channel 7/KTVB.com (Boise, Idaho)

February 3, 2012

Testimony at the Joint Finance-Appropriations Committee Public Hearing (Boise, Idaho)

February 6, 2012

Idaho Rural Health Association Legislative Breakfast (Boise, Idaho)

March 19, 2012

St. Luke's McCall (McCall, Idaho)

June 18, 2012

St. Mary's Hospital (Cottonwood, Idaho)

August 2, 2012

Eagle SDA VBS (Eagle, Idaho)

August 17, 2012

Valley Voices KBXL 94.1 FM (Boise, Idaho)

August 20, 2012

Caldwell YMCA (Caldwell, Idaho)

September 13-14, 2012

SPAN Idaho 12th Annual Suicide Prevention Conference (Meridian, Idaho)

Team Building and Collaboration.

1. Idaho Department of Education
2. Kathie Garrett, Chair Idaho Council on Suicide Prevention
3. Suicide Prevention Action Network of Idaho
4. Boise State University
5. Idaho State University Institute of Rural Health
6. Maine Youth Suicide Prevention Program
7. Family Medicine Residency of Idaho

Program Recognition

The Idaho Rural Outreach Program projects have included Youth Suicide Prevention and Meth Use Prevention (in conjunction with the Idaho Meth Project) was accepted for presentation at the Annual Spring Meeting of the Society of Teachers of Family Medicine, Vancouver, B.C. 2010.

Idaho Department of Education

Activities related to Suicide Prevention

- The SDE has designated staff contacts to provide information, resources or other technical assistance to address suicide. SDE staff serves on the Idaho Council for Suicide Prevention, provides updates to the SDE website on suicide prevention, and works closely with SPAN-Idaho to provide resources to schools including the Regional School Suicide Postvention Teams. These regional teams are trained to provide assistance to schools responding to suicide deaths.
- The SDE is mandated by the U.S. Department of Education, Guns Free Schools Act, to collect data from Idaho schools related to violations of violence, substance use, and bullying and harassment. The data are reported by the schools to the SDE using the Idaho System for Educational Excellence (ISEE).
- The SDE will administer the 2013 Youth Risk Behavior Survey (YRBS) in approximately 57 secondary school buildings between January-May 2013. The YRBS is administered bi-annually in alternating years by the SDE. The YRBS captures student reported data on intentional injuries (which includes suicidal tendencies) and unintentional injuries, dietary behaviors, physical activity, drug and alcohol use, and tobacco use. Additional questions are asked related to protective factors related school experience/support. Idaho has student health trend data on these issues since 2001. The 2011 survey was completed by 1,702 students in Grades 9-12 in 48 public schools.
- Idaho Positive Behavioral Intervention Supports (PBIS) provides coaching and technical assistance for both schools in need of assistance with an individual student, as well as schools implementing School- wide PBIS (SWPBIS). Idaho PBIS is funded by a grant from the Idaho State Department of Education and administered through the Center for School Improvement and Policy Studies at Boise State University. The goal of SWPBIS is to create a positive school culture and climate in order to provide the behavioral support necessary for all students by ultimately returning lost instructional time, improving student social outcomes, and creating a platform for improving academic outcomes for the entire student body.